NORTH DAKOTA housing FINANCE AGENCY

MODERATE REHABILITATION RENTAL ASSISTANCE APPLICATION

COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION

SFN 6933 (04/26)

The North Dakota Housing Finance Agency (NDHFA), an Equal Opportunity Agency, does not discriminate on the grounds of race, color, religion, sex, national origin, age, disability, or status with regard to marriage or public assistance. Reasonable alternative formats of this application and alternative site scheduling will be made available upon request.

If you or a member of your household is an individual with a disability (as defined by Section 504 of the Rehabilitation Act of 1973) and you would like to request any special accommodations in communications, policies or facilities, please call us to schedule assistance.

<table>
<tr><th>RETURN COMPLETED APPLICATION TO</th><th colspan="2">OFFICE USE ONLY</th></tr>
<tr><td rowspan="2">North Dakota Housing Finance Agency
2624 Vermont Avenue
PO Box 1535
Bismarck, ND 58502-1535
Phone: 701-328-8080
Toll Free Nationwide: 800-292-8621 or 711 (TTY)</td><td>File Number</td><td rowspan="2">Date Stamp Above</td></tr>
<tr><td>NDHFA Representative</td></tr>
</table>

COMPLETE EACH QUESTION ON THE APPLICATION AND INCLUDE THE APPROPRIATE ATTACHMENTS. PRINT OR TYPE.

<table>
<tr><td colspan="4">Applicant Name (Last, First, Middle Initial)</td></tr>
<tr><td>Current Mailing Address</td><td>City</td><td>State</td><td>ZIP Code</td></tr>
<tr><td>Home Telephone Number</td><td colspan="3">Work Telephone Number</td></tr>
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<table>
<tr><td>Previous Residences (list all previous states in which you have resided)</td></tr>
<tr><td>Moderate Rehabilitation Location City for which you are applying. (Mark box.)
☐ Devils Lake ☐ Fargo ☐ Grand Forks</td></tr>
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HOUSEHOLD COMPOSITION List the correct **LEGAL** name, as they appear on Social Security cards, of all household members who will reside in the rental unit. Begin with head of household, spouse, children, then list any additional adults. **Attach copies of Social Security cards for all household members**.

Name (Last, First, MI)	Relationship to Head of Household	Sex M/F	Age	Birth date	Occupation or School Name	Social Security Number [1]
	HEAD					

INCOME SOURCES FOR ALL HOUSEHOLD MEMBERS List below and attach proof of each item that applies to your household.

EXAMPLES:

Alimony/Child Support
Bonds (any type)
Cash on Hand
Checking Account
Civil Service
Contract for Deed
Farm Income
Individual Indian Monies
Insurance Annuities
Interest or Dividends
IRA
Leased Land
Livestock
Mineral Rights
Money Contributions
Money Markets
National Guard or Reserve
Pensions
Railroad Retirement
Real Estate Rent Received
Savings and CD's
Social Security and SSI
Stocks and Bonds
TANF and General Assistance
Trust Funds
VA
Unemployment Comp.
Workers Compensation
Wages, Tips and Commissions

Household Member	Employer/Source of Income	Amount of Gross Income per Pay Period	How Often Received	Date Income Began

Briefly describe the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:
During the past two years, have you disposed of any assets for less than fair market value? (Include real estate, cash, etc.) ☐ No ☐ Yes, please describe

CHECKING AND SAVINGS ACCOUNTS, TRUST FUNDS, MONEY MARKET, STOCKS & BONDS List below. Include IRAs, Keogh accounts and CDs. Attach copies of savings/bank statements for all household members.

Household Member	Bank Name and Address	Type of Account	Current Balance	Interest Rate

CHILDCARE DEDUCTION Attach statement of cost from daycare provider.

Name of Daycare Provider	Monthly Amount	Annually

MEDICAL DEDUCTION A household in which the head, co-head, or sole member is at least 62 years old and/or disabled is eligible for a medical expense deduction. To apply, attach proof of medical expenses and medical insurance premiums you have paid during the past 12 months.

Name of Family Member	List Type of Medical Expenses	Monthly Amount	Annually

DECLARATION OF SECTION 214 STATUS In order to be eligible to receive housing assistance, each applicant/recipient must lawfully reside in the US. Read the declaration statements carefully and have **each family member must sign the one that pertains to them. Adults sign the names of minor children and place an "X" beside those names**.

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, imprisoned for not more than five years, or both.

NDHFA may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to HUD, as required by HUD, and to the Immigration and Naturalization Service (INS) for purposes of verification of the immigration status of each individual and not for any other purpose.

I certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

☐ I am a citizen by birth, a naturalized citizen or a national of the United States.

Signature (Head of Household)	Date
Signature (Adult Household Member)	Date
Signature (Adult Sign Name of Minor Child	Date
Signature (Adult Sign Name of Minor Child	Date
Signature (Adult Sign Name of Minor Child	Date
Signature (Adult Sign Name of Minor Child	Date

☐ I have eligible immigration status, and I am 62 years of age or older. Attach proof of age.

Signature (Head of Household)	Date
Signature (Adult Household Member)	Date
Signature (Adult Sign Name of Minor Child	Date
Signature (Adult Sign Name of Minor Child	Date

Signature (Adult Sign Name of Minor Child	Date
Signature (Adult Sign Name of Minor Child	Date

☐ I have eligible immigration status as indicated below. Attach INS document for verification.

Signature (Head of Household)	Date
Signature (Adult Household Member)	Date
Signature (Adult Sign Name of Minor Child	Date
Signature (Adult Sign Name of Minor Child	Date
Signature (Adult Sign Name of Minor Child	Date
Signature (Adult Sign Name of Minor Child	Date

☐ Immigrant status under Sections 101 (a) (15) or 101(a) (20) of the Immigration and Nationality Act (INA)
☐ Permanent residence under Section 249 of INA
☐ Refugee, asylum, or conditional entry status under Sections 207, 208, or 203 of the INA
☐ Parole status under Section 212(d) (5) of the INA
☐ Threat to life or freedom under Section 243(h) of the INA
☐ Amnesty under Section 245A of the INA

ADDITIONAL INFORMATION

Answer the questions below by checking yes or no and providing the requested information. Do not use N/A.	Yes	No
Do you have a caseworker? (Example: social services, rep payee, etc.)	☐	☐

List Name	Agency	Telephone Number

Do you expect anyone to move in or out of your household within the next 12 months?		☐	☐
Name	Relationship		
Have you ever used a name other than the one you are using now?		☐	☐
If yes, what name?			
Have you ever used a social security number other than the one you listed in this application?		☐	☐
If yes, what is it?			
Is anyone in your household a fulltime or part-time student at an institution of higher learning? If yes, please complete and return the following forms with this application – Student Certification and Declaration of Financial Assistance		☐	☐
Has anyone in your household been engaged in the felonious use, sale, manufacture or distribution of controlled substances?		☐	☐
If yes, who, when, where?			
Does anyone in your household currently use a controlled or illegal drug?		☐	☐
If Yes, please explain			
Has anyone in your household ever been convicted for violent criminal or drug-related activity? Federal regulations require criminal records to be verified and assistance WILL be denied if records indicate drug-related activity or violent criminal activity.		☐	☐
If yes, please explain			
		Yes	No
Is anyone in your household required to register as a sex offender?		☐	☐
Have you ever lived in assisted housing before?		☐	☐
When	Where	Under what Name?	List Head of Household
Have you ever violated a family obligation in a HUD-assisted housing program?		☐	☐

Do you owe any money to a federally funded housing program?	☐	☐
If yes, please list agency		

APPLICANT/TENANT CERTIFICATION

- I certify that the information given to the NDHFA on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law. I understand that false statements or information are grounds for termination of housing assistance and tenancy.
- I agree to inform NDHFA personnel immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for rental assistance.
- I understand if I become a participant of the NDHFA Moderate Rehabilitation Program and should move, owing money to the agency, my name will be placed on a bad debt listing that will be forwarded to other housing agencies. I also understand future North Dakota income tax refunds may be offset towards the debt.
- **I hereby authorize law enforcement agencies to release any criminal conviction records to the North Dakota Housing Finance Agency, as required by Federal Regulations, to determine my eligibility for the Moderate Rehabilitation program. I understand that I may need to provide fingerprints to determine my eligibility for Moderate Rehabilitation rental assistance. I understand that if I do not agree to the investigation, or do not provide fingerprints when requested, my application for rental assistance will be denied.**

Head of Household	Date
Co-Head of Household	Date
Adult Household Member	Date
Adult Household Member	Date

Your application will be kept on file for one year. You are required to contact our office in writing with any change of address. If NDHFA correspondence is returned because of an incorrect address, your name will be removed from the mailing list.

[1] In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.